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An essay

On

Dated March 24th 1820

Dysentery

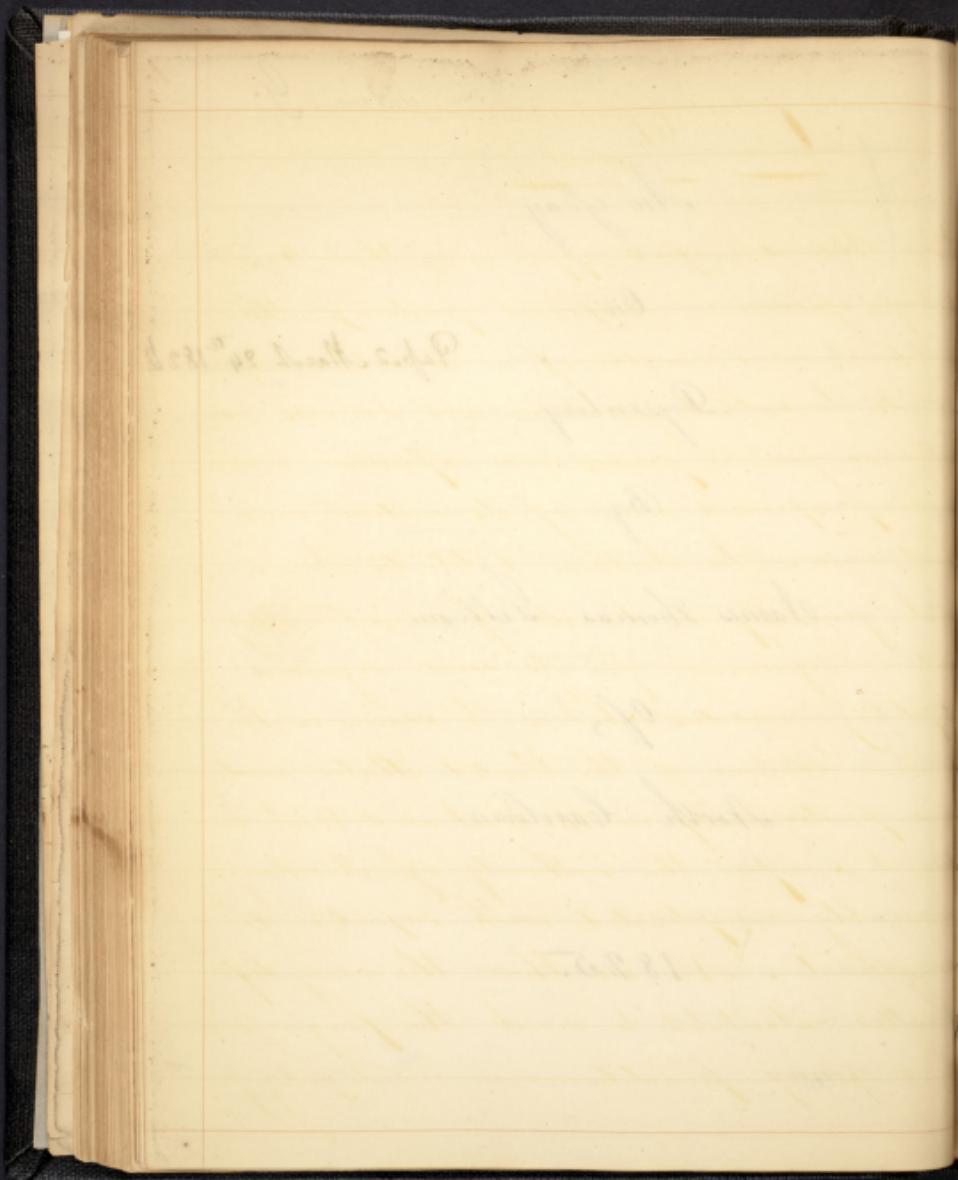
By

James Thomas Gilliam

of

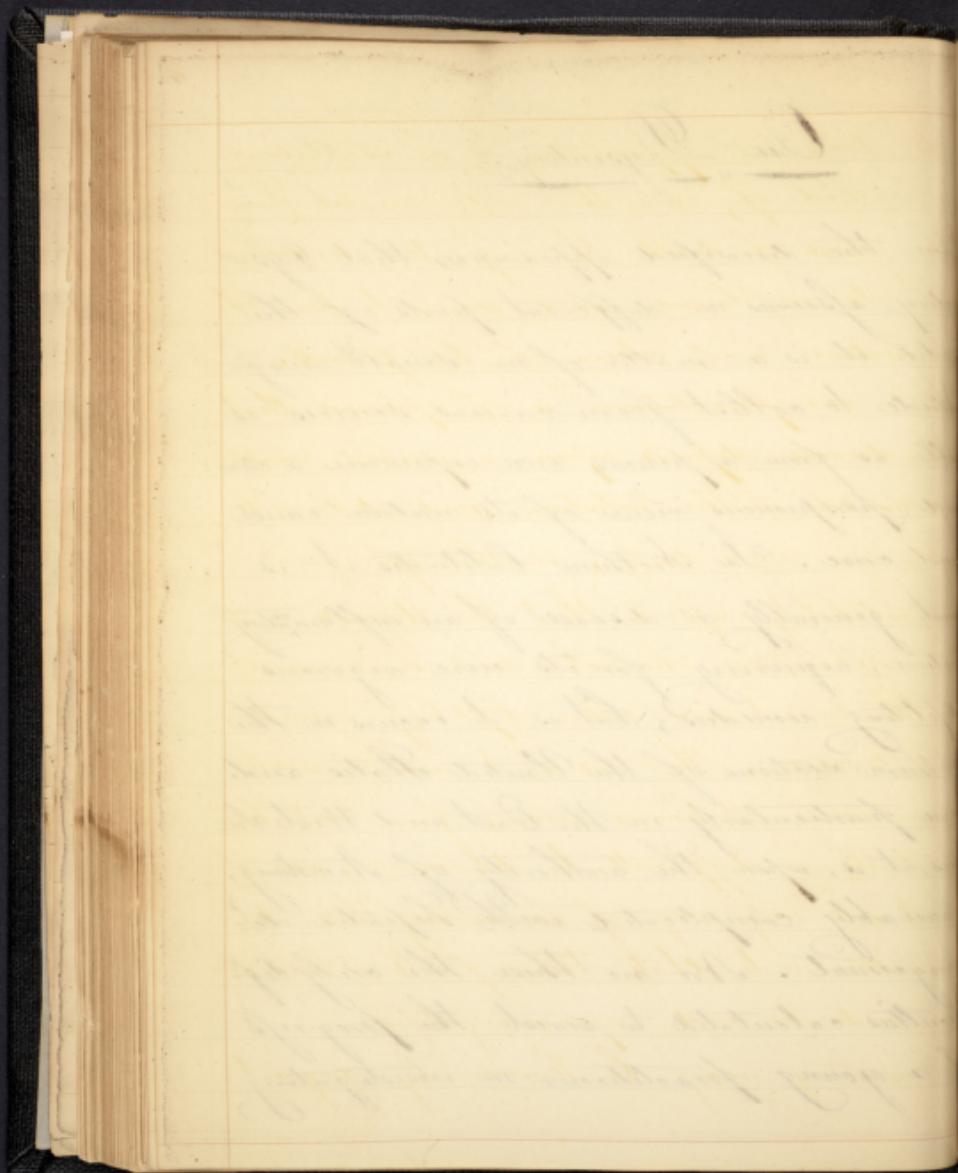
North Carolina

1825.



On Dysentery;

From the diversified appearances that Dysentery assumes in different parts of the world it is a matter of no small magnitude to collect from various sources as well as from a person's own experience a clear and perspicuous view of its nature cause and cure. In Northern latitudes it is most generally a disease of an inflammatory nature, requiring for its cure vigorous depleting remedies; but as it occurs in the southern sections of the United States and more particularly in the East and West Indies, it is, upon the authority of Armstrong, invariably complicated with hepatic derangement. Nor are these the only difficulties calculated to arrest the progress of a young practitioner in investigating



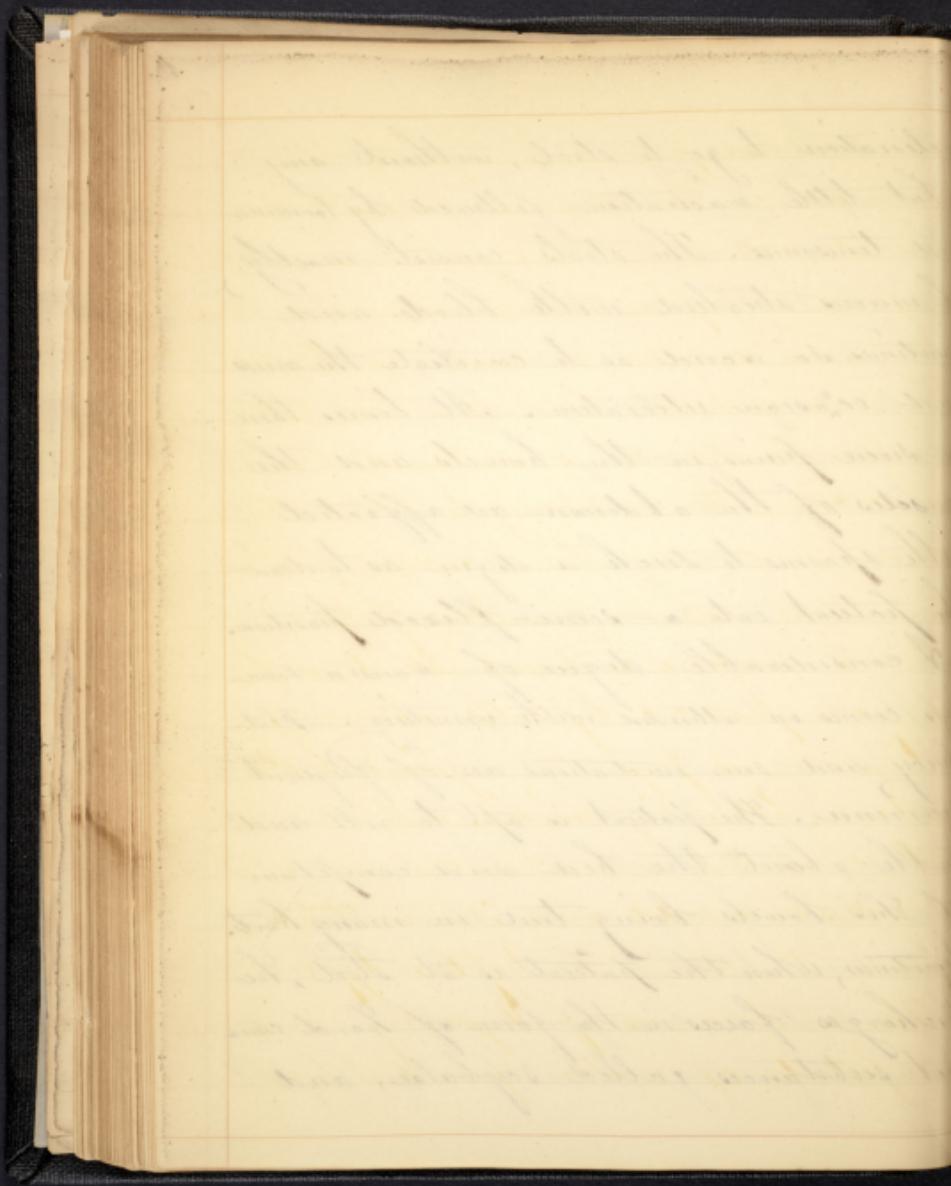
its diversified appearances or in establishing a method of cure that will snatch from the arms of death the unfortunate victims of its influence and secure to him the confidence and esteem of his friends.

While one practitioner is of opinion that the disease depends upon a morbid matter generated in the intestines and deduces his practice accordingly, another of equal respectability asserts that the disease is of an inflammatory character and has recourse to the lancet and other dysentery remedies for its cure. How we are to reconcile such contradictory statements coming from such high authority is difficult to determine; and the best and only way of surmounting this difficulty is to relate those facts which the ^{ory indicates and experience justifies.}

Dysentery may be known by frequent

W. D. Phillips in a company, received
from the 1st of Oct to 1st of Nov
a large quantity of wood for use
and sale about you. It
is now in a quantity in
the store and ready
for delivery either
by land or water and
is equal to any
in quality and
value.

inclination to go to stool, without any or but little evacuation followed by tenesmus and tenesmus. The stools consist mostly of mucus streaked with blood and sometimes so acrid as to irritate the anus and occasion ulceration. At times there are some pains in the bowels and the muscles of the abdomen are affected with spasms to such a degree as to draw the patient into a semi-flexed position. A considerable degree of nausea sometimes comes on attended with vomiting. Flatulency and sour evacuations are of frequent occurrence. The patient is apt to roll and stumble about the bed and complain of his bowels being tied in many knots. Sometimes, when the patient is at stool, he discharges feces in the form of hard compact substances called scybala, and

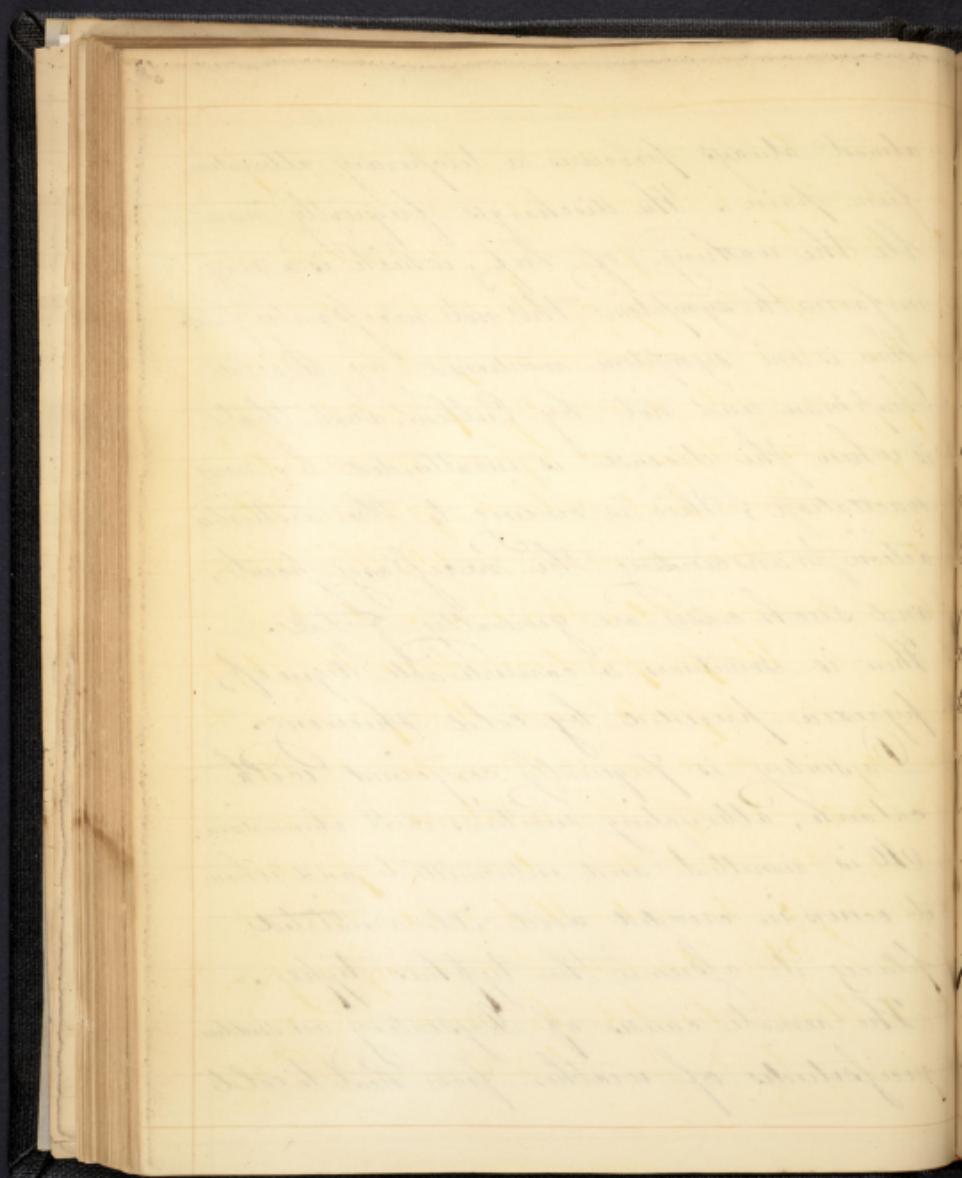


almost always procures a temporary alleviation from pain. The discharge frequently resemble the washing of Laff, which is a very unfavorable symptom tho' not necessarily fatal. There is one symptom mentioned by Doctor Chapman and not by Cullen, and that is when the disease is unattended by any vaccination; this is owing to the disturbance transcending the necessary point, and such cases are generally fatal.

There is sometimes a considerable degree of pyrexia preceded by cold shivering.

Dysentery is frequently conjoined with catarrh, alternating sometimes with rheumatism. It is unfebrile and intermittent and when it occurs in crowded and ill-ventilated places it assumes the typhus type.

The remote causes of Dysentery are sudden vicissitudes of weather from heat to cold.



were in debt, negligence and carelessness
in cloathing, marsh effluvia &c.

The disease most frequently occurs in warm
climates particularly in the East and West
Indies where it reigns as an epidemic almost
every year and is usually preceded by
heavy rains, these are again succeeded
by an intense heat which goes on altern-
ating in this manner until the atmos-
phere becomes cold; this has a tendency
to check the perspiration, drives the fluids
to the internal parts and thus produces the
disease which is an inflammation of the
mucus coat of the intestines. The question
might be asked How does cold produce
Dysentery? In order that cold should
produce the disease it is necessary
that there should be some cause pre-
disposing to it for if otherwise the body

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who might be affected with colic or
enteritis. Admitting this fact (namely that
there be a predisposing cause) cold pro-
duces the disease by constricting the
cutaneous vessels and as a necessary
consequence the fluids are thrown in the
bowels and excite them to increased
action which soon result in inflam-
mation. Sydenham calls it "a fever thrown
in on the bowels." "A change of diet from
a highly stimulating to a less invigorating
regime, an abrupt change from salted
to fresh provisions have frequently produced
& ^{my} enteritis." This was ^{my} exemplified in the late
war; a large attachment of men was
stationed in New Jersey and their food
consisted principally of beef. Those
who were from the South, not being accus-
tomed to such provisions, were nearly all

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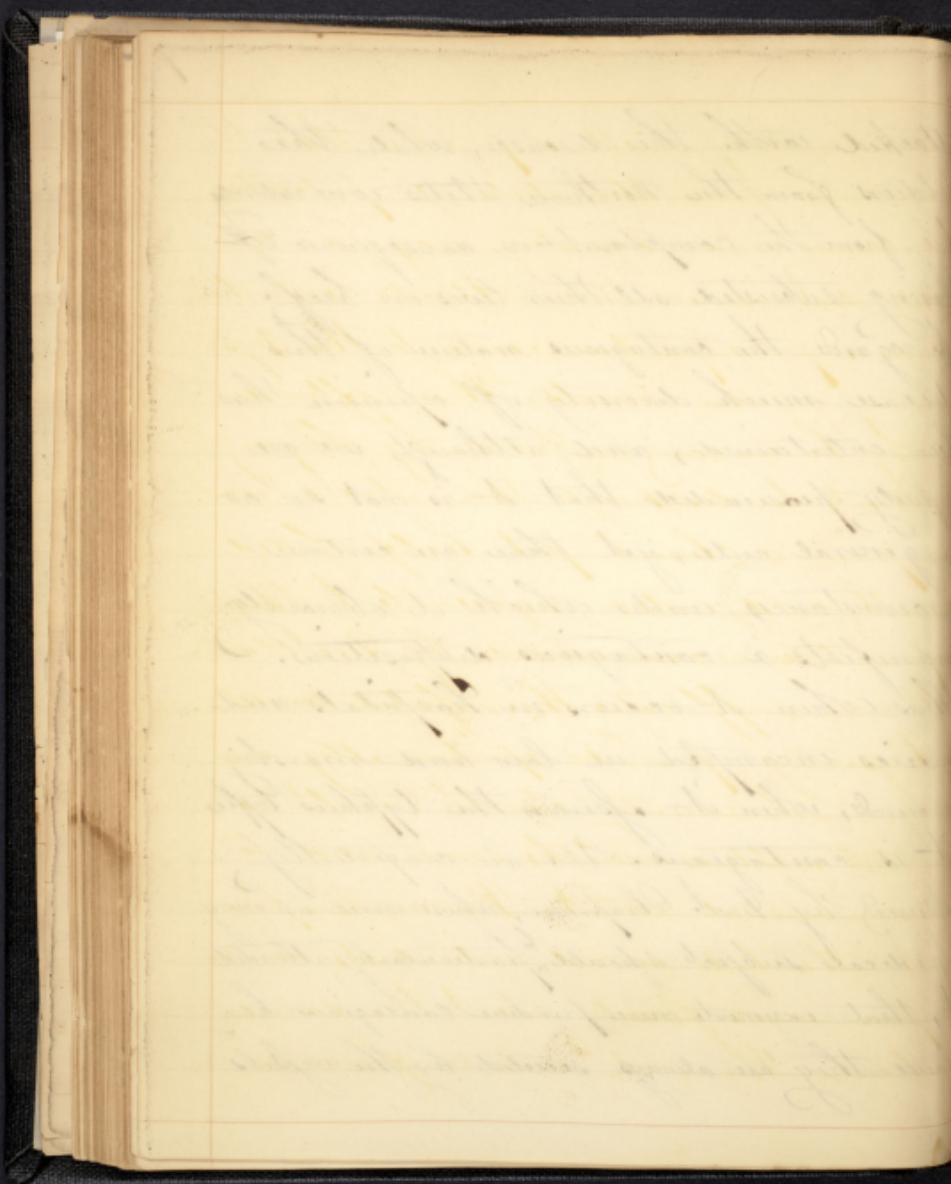
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attacked with the disease, while the soldiers from the Northern states were entirely free from the complaint—in consequence of having subsisted all their lives on beef. As regards the contagious nature of this disease much diversity of opinion has been entertained, and although we are entirely persuaded that it is not so as a general rule, yet there are certain circumstances under which it obviously manifests a contagious disposition. Thus when it occurs in hospitals and armies encamped in low and marshy grounds, when it assumes the typhus type it is contagious. We are emphatically assured by Dr. Chapman, whose voice on every medical subject should ^{be} particularly attended to, that excrements never produce contagious because they are always secreted by the vessels



of the body. "It is possible that the effluvia from the stools of patients laboring under Dysentery may excite the disease in their attendants. In this case a predisposition exists to the Dysentery in the bowels. These effluvia may be rendered inoffensive by obliging patients to discharge their stools in a pan or chamber pot half filled with cold water, agreeable to the practice recommended by Dr. Clark. It will suffocate their foetid smell".
Dysentery prevailed epidemically in Granville County North Carolina about eighteen months since and to an unusual extent. During this period it attacked several individuals in a poor man's family about the same time. The sick were confined in a

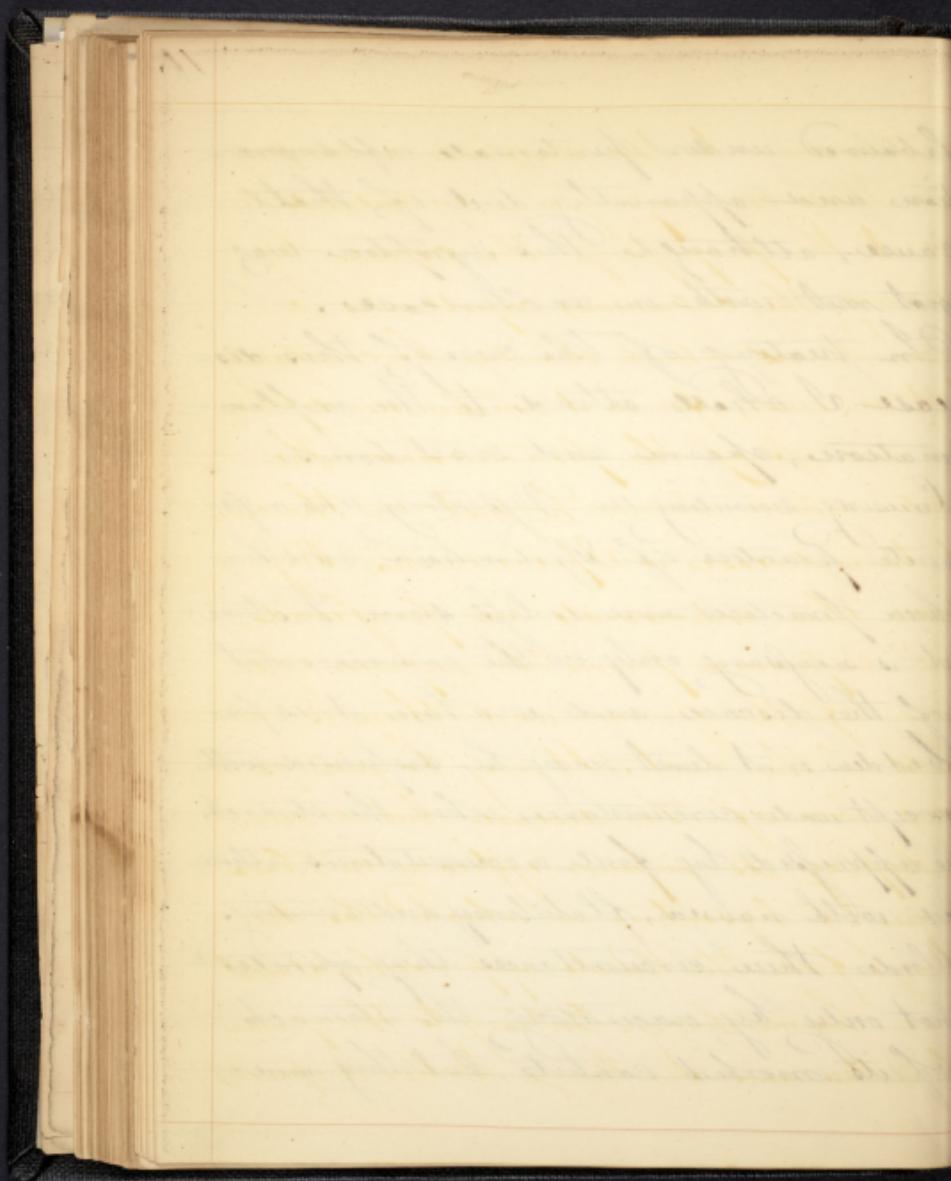
small, dirty and badly aired log cabin, and for the want of proper assistance were under the necessity of discharging the contents of their bowels beneath the floor of a plank. The putrefaction of the faeces added to the already impaired air of a dirty hut, infected every individual in the family and several friends who visited the house, and gave such a malignancy to the disease that in the short space of eight days it swept off every child (six in number) of the bereaved parents and one of the visitors. Several others, infected at this house, tho' subsequently placed in a pure atmosphere, escaped but with difficulty. The most singular fact connected with these cases is, that they all obviously

laboured under peritoneal inflammation and apparently died of that cause, although this symptom was not met with in another case.

In treating of the cure of this disease I shall attend to the inflammation, spasm and irritation.

Causing vomiting in Dysentery was a favorite practice of Sydenham and has been practiced more or less since his time; it is necessary only in the commencement of the disease and even here it is forbidden or at least may be dispensed with except under circumstances when the stomach is oppressed by foul accumulations attended with nausea, flatulency and vomiting.

Under these circumstances they operate not only by evacuating the stomach of its morbid contents, but they more-



over determine to the surface and produce there an impulsion calculated to subvert the progress of the disease by relaxing the cutaneous capillaries, a circumstance which should be constantly kept in view, for on it materially depends the success of the practitioner. The emetic which stands highest in the cure of this disease is Ipecacuanha. By some the antimonials are preferred, but experience proves the superior efficacy of the former and there is no doubt of the fact. It may be given in every form of the disease but it seems to display its superior efficacy in those species of dysentery in which the discharge from the bowels approaches almost to an haemorrhage. Contrary to the opinion of Cullen and Sir George Baker it operates

by relaxing the surface. Speac may be given by itself but it is best to combine it with some other articles that will be presently mentioned.

There is no remedy which displays such prompt and decisive benefit in this disease as blood-letting. By some it is relied on almost exclusively with a few auxiliaries; and pathology of the disease highly recommends such a course. In this disease there is considerable spasmotic constriction of the intestines, which is in many instances relieved by venesection. In some cases this disease is attended with an oppressed pulse and here the practitioner, unless very cautious, is apt to be deceived; it is recommended under such circumstances to keep the fingers

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The following is a list of the species of birds observed in the course of my tour in the State of Oregon. The list is not complete, as many species were not observed, and some were only seen once or twice. The list is arranged in alphabetical order, and the names of the species are given in full. The list is as follows:

constantly on the pulse while the blood is flowing, carefully watching its motion, and if it be found that it sinks under the operation prudence directs that the bleeding should be discontinued, if, on the contrary, the pulse become more voluminous and soft the bleeding should be carried as far as the existing circumstances of the patient will admit. By attending to the above circumstances many a patient has been cured, who, under a different mode of treatment, would, probably, have died, I have seen this exemplified, in more than one instance in the practice of Dr. William V. Taylor, who stands very high as a practitioner in this state. There are other advantages attending blood-letting in this disease; it awakens the sensibility of

the stomach and renders it susceptible to the operation of future remedies; it moreover changes the hot dry and parched skin for a moist and relaxed one.

In urgent cases and where the system indicates venous congestion "blood-letting is imperiously demanded, see it is apt to terminate fatally or end in a chronic state?" When the inflammation runs high twenty ounces, or even more may be taken at once; this is apt to cut short the disease and if it should not be thus successful the bleeding should be repeated even in the course of twenty four or thirty six hours. Topical bleeding is an invaluable remedy in Dysentery; it is best adapted to those cases of the disease where the patient has just recovered from a severe attack of bilious

fever or some other disease, where the system is excessively debilitated and where general bleeding would prove highly mischievous. Under these circumstances, it is astonishing what happy effects are produced by extracting a small quantity of blood from the abdomen. For this purpose leeches are preferred as they occasion but little or no irritation; when these cannot be procured cups answer the purpose very well and should be applied as near as possible to the seat of the pain. As auxiliary to local bleeding I will here mention the astonishing effect produced by warm fomentations. They relax the skin and produce a centrifugal determination of the fluids, and thus indirectly deplete the deeper seated seated laboring vessels. Those who have not

we may judge their efficacy can but imperfectly estimate the benefit resulting from the practice. Local blood letting may likewise be resorted to when general bleeding does not relieve the pain.

After vomiting, if necessary and bleeding have been practised, purging comes in as a very important remedy.

Purgatives should be used until the intestines are thoroughly evacuated, and if the disease does not yield to this course we should then have recourse to other modes of treatment such as sweating, blistering or fomentations.

In mild cases Castor oil acts very well but in severe attacks it must give way to more violent remedies. Calomel has deservedly acquired a high reputation in the cure of Dysentery; and as the disease

occurs in the Southern States there is no remedy calculated to supersede it.

In warm climates Dysentery is frequently complicated with hepatic derangements and as calomel has a strong affinity for the liver it is natural to suppose that it constitutes one of the principle means in combating the disease. By Armstrong, Johnson and Clifton it is almost exclusively relied on and Dr. Johnson relates his own case in which the only thing that gave him any relief or fact saved his life was a mercurial salivation. Practitioners are not at all agreed as to the quantity that should be given. Some give it in doses of three or four grains three or four times a day to produce ptyalism. Others as Armstrong and Johnson administer it in escopate

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doses and they say that such quantities harass the bowels less than smaller doses. Doct. Chapman prefers giving it combined with Opium and Ipecacuanha and there is no doubt of the superior efficacy of the method.

Thus administered it not only operates on the bowels, but likewise relieves pain and determines to the surfaces, ^{thus fulfilling} one of the most important indications in the cure of this disease. Opiates may be resorted to in this disease much earlier than some have thought. In the commencement there is a considerable degree of irritation with spasms of the colon which are very effectively relieved by opiates. Last spring a young man came to me with Dysentery; he complained of considerable

pain in his bowels and a sensation
of having his bowels tied into knots
and other symptoms indicating the ex-
istence of the disease. I immediately
bled him to sixteen or twenty ounces
and then gave him fifteen grains
of colomel combined with half a grain
of opium; his pain subsided in a
short time and with the occasional
use of some of the mild cathartics
he fast recovered and in a short time
was able to pursue his ordinary av-
ocations. The diaphoretic plan of treat-
ing this disease is highly recommended
particularly by Mosely, and I think
there can be but little doubt of the
success of the practice. It should,
however, be constantly remembered that
prior to attempts to produce perspiration

the pulse and febrile action should be previously reduced, for by not attending to these precautionary measures the attempts to produce perspiration will not only prove unavailing, but may likewise prove highly detrimental to the safety of the patient. When seaphorics are indicated, it is a very common practice in this section of the country to prescribe the *asclepias decumbens* in powder united with Dover's powder and few remedies are found to answer the end with more certainty.

Sixteen grains of calomel combined with four of opium and eight of ipecac made into eight pills, one to be taken every two or three hours as circumstances may require, constitute an excellent prescription in producing seaphoresis; it allays

intestinal irritation, promotes perspiration and operates on the bowels. This is the favorite prescription of Doctor Chapman and is applicable to a great number of cases. A more certain and powerful diaphoretic is the Dover powder; but when there is a necessity for evacuating the alimentary canal the former prescription will probably answer better. As auxiliary to the action of diaphoretics nothing answers better than the warm bath, it operates by relaxing the cutaneous vessels and cleansing the skin, the fitful of which very often counteracts the successful operation of the sweating remedies. The warm bath is not of absolute importance in every form of the disease at least it may be dispensed with, but in extreme emergencies it forms

an invaluable remedy particularly in children. Fomentations may sometimes be used with marked advantage,

cooperating with the preceding remedies the application of blisters is attended with considerable advantage; as in the case of diaiphorites they should never be employed until arterial action and fever generally be sufficiently reduced.

By some they are applied to the extumitus; in order to produce their best effects they should be applied to the abdomen and as near the seat of the pain as possible, but in extreme cases I see no reason why they may not be applied both to the Extumitus and abdomen. "The efficacy of blisters depends on counter irritation and not upon the quantity of fluid evacuated."

the following names: Davis, in
which was written, "I am
a member of the Davis family
and have been with them for
over 20 years. I would be glad
to be of service to you in any
way possible. I am a member of
the Davis family and have
been with them for over 20
years. I would be glad
to be of service to you in any
way possible. I am a member of
the Davis family and have
been with them for over 20
years. I would be glad
to be of service to you in any
way possible. I am a member of
the Davis family and have
been with them for over 20
years. I would be glad

In this disease the patient is sometimes tormented by certain local affections, as torments and tics, which occasionally prove very distressing. To relieve these symptoms the oleaginous mixture answers very well. Melted butter without salt or rancidity is very good, animal oils being less irritating than vegetable. Modyne injections are likewise good, but frequently the instrument by which they are thrown up is irritating and disagreeable and as a substitute a suppository of opium answers extremely well, being readily introduced into the anus without the patient being scarcely sensible of the operation.

As the bowels in this disease are very irritable and as the slightest causes are apt to bring back the disease in

a more aggravated form particular
attention should be paid to diet and
drink. The diet should be of that
kind which is easy of digestion
and which may be taken without
producing the least stimulating effect.
The patient should not overload his
stomach by eating too much at once
of any thing; on the contrary he
should eat frequently and but little
at a time, and as simplicity in
diet is of considerable importance
in the cure of disease the patient
should confine himself as much
as possible to one article alone. The
best articles of diet are rice, panada,
sago arrow root and such like.
What I have said of diet may with
equal propriety be applied to drink.

The drinks usually recommended in this disease are rice water, glace and tea, gum arabic mucilage, slippery elm &c.

As I have before observed this disease sometimes assumes the Typhus form particularly when it occurs in Hospitals, armies encamped in low and marshy grounds and in ill-ventilated places.

The remedies for this form of Dysentery are blisters, stimulants and saturation. Emetics have been used by many eminent practitioners and found to be very beneficial. While the patient is under a medicinal course for this form of the disease he should be sustained by cordials and diffusible stimulants. The exhibition of nitric acid, especially if the patient have

weak bowels, is attended with very happy effect. It diffuses an agreeable warmth over the system and supports the tone of the intestines.

Dysentery frequently puts on an intermitent type, having regular exacerbations every day or every other day. The Peruvian bark is the remedy to be relied on under such circumstances. It sometimes becomes necessary to have recourse to the bark in very low and advanced stage of the disease, when the intestines have a tendency to mortification. Such cases, however, are not very frequent, but when they do occur are for the most part fatal.

The last form of this disease that I shall notice is the chronic. It is of frequent occurrence and is commonly

the consequence of a defective cure
or bad management of the acute stage.
While I was attending the lectures last
winter I saw several patients laboring
under this form of Dysentery in the
Philadelphia Alms House and the
practice of the attending physicians
and the symptoms which character-
ised the disease made a considerable
impression on my mind. These cases
were attended with an irritable state
of the intestines, frequent small evacua-
tions, considerable pain, depraved
appetite, indigestion, dry and parched
skin, meagre face, sunk eye and
lank countenance, all showing a de-
termination of blood to the internal
parts. Bleeding here, upon a superficial
view of the case, would seem to be

Hazardous and impracticable, but it is sanctioned by the highest authority in the United States and experience has decidedly proven the efficacy of the practice. It is recommended by Doctor Chapman to use "small and repeated bleedings aided by those means which procure a moderate degree of diaphoresis". Topical bleeding will prove, under these circumstances, to be a highly beneficial remedy. In this form of Dysentery diaphoretics are impiously demanded, and of the numerous class of remedies under this head none answers better than the Dovor's powder, it calms the irritation of the intestines at the same time it determines to the surface. Cooperating with the Dovor's powder and tending to the same end

is the flannel roller or bandage, it removes torpor, obviates griping and tenesmus, supports the intestines and excites a moderate peristalsis. The benefits derived from the use of flannel are not only exemplified in this disease but likewise in Diarrhoea &c. It should be carried several times round the belly, applied with moderate tightness and to prevent it from slipping shoulder straps or a piece of cloth thrown over the roller, may be used. Should these remedies fail a moderate salivation will often prove effectual. Blisters are good and in the low stages spirits munderi, wine whey or nitrous acid is useful in keeping up the excitement.

